

STATINTL

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM					
UNCLASSIFIED		CONFIDENTIAL		SECRET	
OFFICIAL ROUTING SLIP					
TO	NAME AND ADDRESS	DATE	INITIALS		
1	Administrative Officer/DCI 7C17 Headquarters				
2	Attn: [REDACTED]				
3					
4					
5					
6					
ACTION		DIRECT REPLY		PREPARE REPLY	
APPROVAL		DISPATCH		RECOMMENDATION	
COMMENT		FILE		RETURN	
CONCURRENCE		INFORMATION		SIGNATURE	
Remarks: Per memorandum dated 16 February 1978 Subject: Official Representation Expenses for DCI's Science and Technology Advisory Panel (STAP)					
FOLD HERE TO RETURN TO SENDER					
FROM: NAME, ADDRESS AND PHONE NO.					DATE
Executive Secretary/STIC Rm. 6-F-35 Hqs. - Ext. 4170					28Mar78
UNCLASSIFIED		CONFIDENTIAL		SECRET	

FORM NO.
1-67

237

Use previous editions

☆USGPO: 1976 - 202-953

(40)

SECRET
(When Filled In)

Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010007-2
REQUEST FOR PAYMENT

3. NAME OF CLAIMANT (LAST, FIRST, MIDDLE INITIAL)			4. EMPLOYEE NO.		5. OFFICE	
[REDACTED] 25X1A			Detailee		STIC	
PAYABLE TO		ROOM	BUILDING	EXTENSION	AMOUNT	
[REDACTED]		6F35	Hqs.	4170	\$12.43	
6. PROJECT NUMBER		7. TYPE OF ADVANCE		8. ACTIVITY NUMBER		9. DUE DATE
25X1A						
PURPOSE (FIRST 24 CHARACTERS OF EACH LINE WILL BE ENTERED):						
10. WHAT: Donuts, coffee and cups for STAP meeting						
11. WHERE: Rm. 7E32 CIA Hqrs.						
12. WHEN: 15 - 16 March 1978						
13. WHY: Operational Entertainment of Non-Government Personnel						
16. OBLIGATION REFERENCE NO.			14. EXP CODE		15. AGENCY CODE	
TYPE ORN	SUB #	17. SOC	LIQ CD	18. AMOUNT		25X1A
P				DATE 4/6/78		[REDACTED]
S				DATE 25X1A		[REDACTED]
S				DATE 4/5/78		[REDACTED]
S				DATE 4/5/78		[REDACTED]
PAYMENT INSTRUCTIONS				DESIGNATION		
cash or check				I authorize my agent [REDACTED] of official funds on my behalf and acknowledge receipt of such funds and my responsibility therefor, when paid to my agent.		
CERTIFICATION (Check when applicable)				ACKNOWLEDGEMENT OF RECEIPT		
<input checked="" type="checkbox"/> REIMBURSEMENT				DATE 25X1A		
I certify that the disbursements itemized above were necessarily made by me and that I have not been nor will I be reimbursed therefor from any other source and that this claim and attachments are true and correct.				DATE [REDACTED]		
<input type="checkbox"/> PERSONAL SERVICES				AMOUNT		
The amount requested is due the payee for satisfactory performance of duties in accordance with the terms of his contract or other written or oral agreements.				CHECK NO.		
DATE	SIGNATURE	25X1A		SIGNATURE		
	[REDACTED]					
TRANS CODE	CODING AREA			MONETARY CONTROL	AMOUNT	
015	10900800200900/1/Pertain NEAC				12 43	
25X1A						
DATE	EXT	DATE	REVIEWED BY			
4/5/78		7575	For Release 2001/03/04 : CIA-RDP80T01198A000100010007-2			

DIRECTOR OF CENTRAL INTELLIGENCE
Scientific and Technical Intelligence Committee

28 March 1978

MEMORANDUM FOR: Chief, Support Staff, ICS

SUBJECT : Reimbursement for STAP Expenses

1. Attached are claim sheets of members of the DCI's Science and Technology Advisory Panel (STAP) for the 15-16 March 1978 meeting and the dinner at the Washington Golf and Country Club.

2. The breakdown of the costs is as follows (worksheet attached):

a. Panelists \$2916.12

Travel	983.32
Services	1808.80
Miscellaneous	124.00

b. Lunches

3 A/15	DCI Dining Rm. (6)	32.34
3 A/16	DCI Dining Rm. (5)	20.90
3 A/24	Executive Dining Rm. (1)	2.09

55.33

Dinner(Washington Golf and Country Club)

3 4/16	7 @ 18.69	130.83
2 4/16	2 @ 13.66	27.33

158.16

TOTAL \$3129.61

SUBJECT: Reimbursement for STAP Expenses

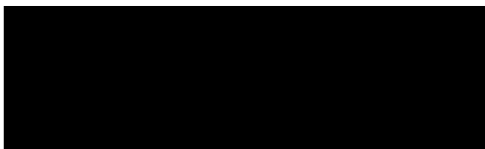
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I hereby certify that I expended \$213.45 for official entertainment of guests of the Intelligence Community on 15-16 March 1978. I have not been and will not be reimbursed for these expenses from any other source. All government employees involved in this entertainment paid their own expenses.

4. Please send the STAP members' checks to them in plain envelopes to the addresses on the claim sheets, inasmuch as some of them are sensitive regarding their association with the Intelligence Community. Please send the check for my expenses (item 2b above) to me at Room 6F35, Headquarters Building.

5. The next meeting of STAP is scheduled for 26-27 July and the estimated cost will be approximately \$3400.


STATINTL


Executive Secretary

Attachments: As Stated

Distribution:

- Original & 1 - Addressee (w/att)
- 1 - STAP Chrono (wo/att)
- (1) - STAP Finance (w/att)

OSI/STIC/ dec/4170 (28 March 1978)

STATINTL

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CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

TRANSPORTATION: Economy air fare from _____ to Wash., DC
and return (ticket may be retained for return trip)

\$ 141

Date and time of departure: _____

Transportation cost to terminal: _____ From Airport to Hotel: _____

\$ 141

Daily Expenses (reimbursement may not exceed \$50.00 per day):

(date) Lunch - \$ _____
Dinner - _____
Hotel - _____

\$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____

\$ _____

Transportation cost from hotel to Headquarters and return:

\$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____

\$ _____

Transportation cost from hotel to Headquarters and return:

\$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____

\$ _____

Transportation cost to terminal: \$ _____ From Airport to home: _____
(estimates may be used for above)

\$ _____

Date and time of departure from Wash., DC: _____

Fee for services (\$180.88 per day) claimed: (x) Yes () No

\$ 361.76

*Note change of
address*

TOTAL CLAIM

\$ 361.76

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Please mail check to:

(Signature of Claimant)

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

STATINTL

TRANSPORTATION: Economy air fare from  to Wash., DC
and return (ticket may be retained for return trip) \$ 424.²¹Date and time of departure: 12⁰⁰ 3/14/78Transportation cost to terminal: 9.- From Airport to Hotel: 9.- \$ 18.-

Daily Expenses (reimbursement may not exceed \$50.00 per day):

<u>3/14</u>	Lunch - \$		
(date)	Dinner -		
	Hotel -	<u>35</u>	\$ <u>35.-</u>

	Breakfast -		
(date)	Lunch -		
	Dinner -		
	Hotel -		\$

Transportation cost from hotel to Headquarters and return: \$ 15.-

<u>3/15</u>	Breakfast -	<u>2</u>	
(date)	Lunch -		
	Dinner -		
	Hotel -	<u>35</u>	\$ <u>37.-</u>


Transportation cost from hotel to Headquarters and return: \$

<u>3/16</u>	Breakfast -	<u>2</u>	
(date)	Lunch -		
	Dinner -		
			\$ <u>2.-</u>

Transportation cost to terminal: \$ 9. From Airport to home: 9. \$ 18.-
(estimates may be used for above)Date and time of departure from Wash., DC: 3/16/78 9pmFee for services (\$180.88 per day) claimed: (☒) Yes (☐) No \$ 361.76TOTAL CLAIM
STATINTL\$ 911.⁰⁰

STATINTL

Please mail check to:


(Signature of Claimant)

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

TRANSPORTATION: Economy air fare from _____ to Wash., DC
and return (ticket may be retained for return trip) \$ _____

Date and time of departure: _____

Transportation cost to terminal: _____ From Airport to Hotel: _____ \$ _____

Daily Expenses (reimbursement may not exceed \$50.00 per day):

(date) Lunch - \$ _____
Dinner - _____
Hotel - _____ \$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____ \$ _____

Transportation cost from hotel to Headquarters and return: \$ 7.00

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____ \$ _____

Transportation cost from hotel to Headquarters and return: \$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____ \$ _____

Transportation cost to terminal: \$ _____ From Airport to home: \$ 2.25
(estimates may be used for above)

Date and time of departure from Wash., DC: _____

Fee for services (\$180.88 per day) claimed: (☒) Yes (☐) No \$ 361.76

STATINTL TOTAL CLAIM \$ 371.01

STATINTL

Please mail check to:

(Signature of Claimant)

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CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

TRANSPORTATION: Economy air fare from _____ to Wash., DC
and return (ticket may be retained for return trip) \$ _____

Date and time of departure: _____

Transportation cost to terminal: _____ From Airport to Hotel: _____ \$ _____

Daily Expenses (reimbursement may not exceed \$50.00 per day):

_____	Lunch - \$	_____	
(date)	Dinner -	_____	
	Hotel -	_____	\$ _____

_____	Breakfast -	_____	
(date)	Lunch -	_____	
	Dinner -	_____	
	Hotel -	_____	\$ _____

Transportation cost from hotel to Headquarters and return: *77 miles* \$ *12.00*

_____	Breakfast -	_____	
(date)	Lunch -	_____	
	Dinner -	_____	
	Hotel -	_____	\$ _____

Transportation cost from hotel to Headquarters and return: \$ _____

_____	Breakfast -	_____	
(date)	Lunch -	_____	
	Dinner -	_____	\$ _____

Transportation cost to terminal: \$ _____ From Airport to home: \$ _____
(estimates may be used for above)

Date and time of departure from Wash., DC: _____

Fee for services (\$180.88 per day) claimed: (☒ Yes () No) \$ *361.76*

Two DAYS - 3/15, 16

TOTAL CLAIM

\$ *374.80*

STATINTL

(Signature of Claimant)

Please mail check to:

STATINTL

CIA-RDP80T01198A000100010007-2

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CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

TRANSPORTATION: Economy air fare from _____ to Wash., DC
and return (ticket may be retained for return trip) \$ _____

Date and time of departure: _____

Transportation cost to terminal: _____ From Airport to Hotel: _____ \$ _____

Daily Expenses (reimbursement may not exceed \$50.00 per day):

3-15-78 ~~Lunch~~ - \$ 3.15 Breakfast
(date) Dinner - _____
Hotel - \$22.00 \$ 25.15

3-16 Breakfast - \$ 2.85
(date) Lunch - _____
Dinner - _____
Hotel - _____ \$ 2.85

Transportation cost from hotel to Headquarters and return: \$ _____

3-14 Breakfast - _____
(date) Lunch - _____
Dinner - _____
Hotel - \$22.00 \$ 22.00

Transportation cost from hotel to Headquarters and return: \$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____ \$ _____

Transportation cost to terminal: \$ _____ From Airport to home: \$ _____
(estimates may be used for above)

Date and time of departure from Wash., DC: _____

Fee for services (\$180.88 per day) claimed: () Yes (x) No \$ _____

TOTAL CLAIM \$ 50.00

STATINTL

Please mail check to: STATINTL

(Signature of Claimant)

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

STATINTL

TRANSPORTATION: Economy air fare from [redacted] to Wash., DC
and return (ticket may be retained for return trip) \$ 402.00

Date and time of departure: 3/14/78 12:00 noon

Transportation cost to terminal: 2 From Airport to Hotel: \$ 2.00

Daily Expenses (reimbursement may not exceed \$50.00 per day):

(date) Lunch - \$
Dinner -
Hotel - \$

(date) Breakfast -
Lunch -
Dinner -
Hotel - \$

Transportation cost from hotel to Headquarters and return: \$

(date) Breakfast -
Lunch -
Dinner -
Hotel - \$

Transportation cost from hotel to Headquarters and return: \$

(date) Breakfast -
Lunch -
Dinner - Car rental \$ 71.79

Transportation cost to terminal: \$ 4 From Airport to home: 10 \$ 10.00
(estimates may be used for above)

Date and time of departure from Wash., DC: 3/16/78 5:10 p.m.

Fee for services (\$180.88 per day) claimed: (✓) Yes () No \$ 361.76

TOTAL CLAIM \$ 847.55

STATINTL

Please mail check to:

STATINTL

STATINTL

STATINTL

Issued By: **WORLD SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON**

GRAY AMERICAN AIRLINES 0011 **ATC** **PASSENGER TICKET AND BAGGAGE CHECK PASSENGER'S COUPON**

If the passenger's journey involves an ultimate destination or stop in a country other than the country of departure, the Warsaw Convention may be applicable and the Convention governs and in most cases limits the liability of carriers for death or personal injury and in respect of loss of or damage to baggage.

NOT TRANSFERABLE

STATINTL

DATE OF ISSUE: 13 MAR 78

8827032519

FROM TO CAR- FARE

ORIGIN

DESTINATION

UNIONALLY ISSUED AGAINST BY AGENTS NUMERIC CODE AT ON DATE

TICKET DESIGNATION & TOUR CODE

THIS TICKET ISSUED IN EXCHANGE FOR

FARE BASIS ALLOW CARRIER FLIGHT/CLASS DATE TIME STATUS

F **AA** **113F** **14 MAR** **1200** **YOK**

Y **FS** **10V1** **14 MAR** **5100** **POR**

BAGGAGE CHECKED UNCKD **UNCKD PCS WT.** **UNCKD PCS WT.** **UNCKD PCS WT.** **UNCKD PCS WT.** **UNCKD PCS WT.** **UNCKD PCS WT.** **FARE \$29.00**

ROUTE CODE **ENCODE** **CPN** **AIRLINE CODE** **FORM AND SERIAL NUMBER**

400.01 **30.17** **529.00** **001** **8827032519 4**

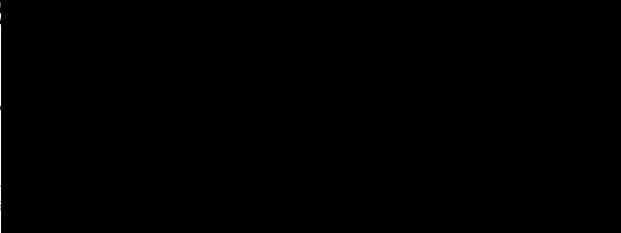
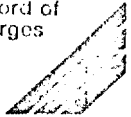
Agent CONJUNCTION TICKET (BT)

AGENCY

ENDORSEMENTS (Continued)

STATINTL

STATINTL

		Approval Code	
		Check or Bill No.	
		Any delayed charges are listed below	
		Type of Delayed Chg.	
HERTZ 1020 WASHINGTON DULLES		Merchandise/Service	Amount of Delayed Chg.
<small>Establishment agrees to transact to American Express Company (Amexco) or Authorized Representative for payment. Merchandise and/or service purchased on this card shall not be returned unless returned to this station.</small>		Taxes	Revised Total
Cardmember Signature X		Tips/Misc.	Amount Due Only
Invoice Number 432661		Total 71.79 Please Print Firmly Cardmember Copy	Record of Charges 

Lessor: The Hertz Corporation

Rental Agreement No.



Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010007-2

WASHINGTON, D. C. 20041
PHONE (703) 471-6020
FOR EMERGENCY ROAD SERVICE
CALL COLLECT (703) 684-7438

MINIMUM CHARGE - ONE DAY RENTAL
(PLUS MILEAGE IF APPLICABLE)

TO BE PAID BY

STATINTL

PRINT CARD #1 CLUB NO. CREDIT APPROV. DATE/AMOUNT

IDENTIFICATION C.O.P. I.D. NO.

EXPIRES

CITY/STATE

CAR TO BE RETURNED TO (CITY/STATE) LOC. NO. DATE

CAR RENTED AT (CITY/STATE) AREA & LOCATION NO.

LOCAL ADDRESS LOCAL/BUSINESS PHONE NO.

Customer authorizes Lessor to process a credit card voucher (if applicable) in Customer's name for charges. Vehicle shall NOT be operated by any person except Customer and the following Authorized Operators who must be validly licensed to drive and have Customer's prior permission: persons 21 or over who are members of Customer's immediate family and permanently reside in Customer's household; the employer, partner, executive officer, or a regular employee of Customer; additional authorized operator(s) approved by Lessor in writing. Customer agrees not to permit use of Vehicle by any other person without obtaining Lessor's prior written consent. THE VEHICLE IS RENTED UPON THE CONDITIONS SHOWN ON THIS PAGE AND UPON THE REVERSE HEREOF. CUSTOMER AGREES WITH THE CONDITIONS. ALSO SEE NOTE AT LEFT.

RESERVATION I.D. NO. REFERRAL SOURCE PREPAID/TOUR

LT. NO.

OWNING CITY LOC. NO. TIME IN 78 KAR 16 16 3

TIME OUT 13 16 16 18

VEHICLE NO. 2511199

CAR LIC. NO. RIC 294

CAR MAKE BODY STYLE CLASS

OWNING CITY/STATE SUB.

RETURNED TO CITY/STATE

RATES INCLUDE GASOLINE

RATES DO NOT INCLUDE GASOLINE

MILEAGE IN 24053

MILEAGE OUT 23927

MILES DRIVEN 126

MILEAGE ALLOWED (If Any) 00

MILES @ 25

FOR RENTALS WITHOUT GAS ONLY

MINIMUM RENTAL EXTRA DAYS MILEAGE ALLOWED (If Any) EXTRA MILES

DAYS MILES

GASOLINE QUANTITY

BY MILES BY TANK

IN E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

OUT E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

DECLINES COW. X

ACCEPTS COW. X

BY INITIALS: Customer declines or accepts at daily rate shown, Lessor's COW of Customer's responsibility for the first \$250.00 of accidental vehicle damage due to collision or upset, as per Par. 3(B) on Reverse Side. COW IS NOT INSURANCE.

DECLINES PAI. X

ACCEPTS PAI. X

BY INITIALS: Customer declines or accepts PAI. If "Accepts", Customer accepts coverage at rate shown and acknowledges to have read the SYNOPSIS of Coverage Limits furnished by Lessor at rental.

REFUND EXPLANATION-AMT.

REFUND RECEIVED BY

DEPOSIT \$ NONE

PREPARED BY

COMPUTED BY

DATE PAID CASH CHECK DIRECT BILL

TRAVEL BILL INTL BILL

NET DUE 71.79

LESS DEPOSIT (If Any)

NET DUE 71.79

DO NOT PAY FROM THIS COPY

NOTE: CHARGES SUBJECT TO

Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010007-2

Rental Agreement No. 53005560 4

DO NOT PAY FROM THIS COPY

NOTE: CHARGES SUBJECT TO

STAP MTC - 15-16 March 1978

Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010007-2

STATINTL

Travel	Services	Misc	Other	Total
	361.76			361.76
475.4	361.76	74		911.00
9.25	361.76			371.01
13.04	361.76			374.80
-	-	50		50.00
<u>1185.79</u>	<u>361.76</u>			<u>847.55</u>
983.54	1808.80	124		2916.12

Lunches ~~DeLoring Room~~

13/15 DeLoring Room (5) 32.34
 16/16 " " " (5) 20.90 } JM
 21/24 Executive Dining Room (1) 2.07

Dinner (WCC)

3-16/16 7 @ 18.67 130.83 (M)
 3-16/16 2 @ 13.66 27.33 (M)

59.33
 158.16
~~257.49~~
~~317.84~~
 3129.61
 213.49
~~916.77~~

WORKING PAPER

Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010007-2

Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010007-2

WASHINGTON GOLF and COUNTRY CLUB
[REDACTED] VIRGINIA 22207
STATINTL

[illegible]

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Please return
to STAP Finance
file. Thanks.

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SECRET
(When Filled In)

Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010007-2 OR PAYMENT					1. YOUR 0				
3. NAME OF CLAIMANT (LAST, FIRST, MIDDLE INITIAL) <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> 25X1A					4. EMPLOYEE NO. ✓ DETAILEE		5. OFFICE ✓ STIC		
PAYABLE TO <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div>			ROOM ✓ 6F35	BUILDING ✓ HQS	EXTENSION ✓ 4170		AMOUNT ✓ \$ 7.00		
6. PROJECT NUMBER 25X1A			7. TYPE OF ADVANCE		8. ACTIVITY NUMBER		9. DUE DATE		
PURPOSE (FIRST 24 CHARACTERS OF EACH LINE WILL BE ENTERED):									
10. WHAT: ✓ DONUTS									
11. WHERE: ✓ RM 6F25 CIA HQS									
12. WHEN: ✓ 16 DECEMBER 1977									
13. WHY: ✓ OPERATIONAL ENTERTAINMENT OF NON-GOVERNMENT PERSONNEL									
16. OBLIGATION REFERENCE NO.				14. EXP CODE		15. AGENCY CODE			
TYPE ORN		SUB #	17. SOC	LIQ CD	18. AMOUNT		I CERTIFY FUNDS ARE AVAILABLE		
P		1					DATE 25X1A		AUTHORIZED SIGNATURE <div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div>
S		1					DATE		SIGNATURE OF APPROVING OFFICER
S		1					CERTIFICATE FOR PAYMENT OR CREDIT		
S		1					DATE		SIGNATURE OF CERTIFYING OFFICER
PAYMENT INSTRUCTIONS ✓ CASH OR CHECK					DESIGNATION OF AGENT TO PICK UP FUNDS I authorize my agent, whose signature appears below, to receive \$ _____ of official funds on my behalf and acknowledge receipt of such funds and my responsibility therefor, when paid to my agent.				
CERTIFICATION (Check when applicable)					SIGNATURE OF AGENT				
<input type="checkbox"/> REIMBURSEMENT I certify that the disbursements itemized above were necessarily made by me and that I have not been nor will I be reimbursed therefor from any other source and that this claim and attachments are true and correct.					DATE				
<input type="checkbox"/> PERSONAL SERVICES The amount requested is due the payee for satisfactory performance of duties in accordance with the terms of his contract or other written or oral agreements.					DATE				
DATE					SIGNATURE				
DATE					SIGNATURE				
TRANS CODE		CODING AREA				MONETARY CONTROL		AMOUNT	
DATE		PREPARED BY		EXT	DATE	REVIEWED BY		TOTAL	
Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010007-2									